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#### **BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS**

301 South Park, Room 430 P. O. Box 200513 Helena, Montana 59620-0513 (406) 841-2348 FAX (406) 841-2309 EMAIL: dlibsdpsp@mt.gov

WEB SITE: www.privatesecurity.mt.gov

#### APPLICATION PROCESS FOR LICENSURE

<u>Please allow 21 to 30 days to process a complete application from the time it is received in the board office. If application is incomplete, or fingerprints are rejected it will take more time.</u>

LICENSURE REGISTRATION TYPES: (RM) Resident Manager

(QA) Qualifying Agent

LICENSURE SPECIALTIES: (AR) Armed

#### LICENSING REQUIREMENTS:

- Must be at least 18 years of age
- Must be a citizen of the United States
- Must be employed by a licensed contract security company, proprietary security organization, or an electronic security company to apply for licensure.

#### **FEES FOR LICENSURE:**

Qualifying Agent\$	100.00
Resident Manager\$	100.00
FBI Fingerprint Processing Fee\$	24.00
Dept of Justice Fingerprint Processing Fee\$	8.00
Armed Endorsement\$	.25.00
Examination Fee\$	20.00

Make check or money order payable to the Montana Board of Private Security - DO NOT SEND CASH

**APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:** The following information and/or documentation is required. A license will not be issued until all materials are received and approved.

- 1. Completed application form and fees.
- 2. Completed fingerprint card.
- 3. A full-face photograph of head and shoulders.
- 4. Scanning Input Form with signature and photograph of applicant attached in space provided.
- 5. A list of employment for the past five (5) years by occupation, time employed, name and address of employer. Include periods of unemployment, semi-retirement, student enrollment, etc. Do not leave any gaps in the 5-year history.
- 6. Proof of education; i.e. diploma, transcripts, training certificates.
- 7. Proof of experience; i.e. documentation from employer, W-2's, tax returns.
- 8. Copies of licenses held in other states.

#### **EXAMINATION:**

Upon Board approval of an application, applicants applying for licensure (except security guards) may be required to pass an examination in their respective licensure area. Applicants must successfully pass a written examination in their area of licensure with a score of 70% or more on each part of the examination. An applicant may retake that section of an examination if they fail, upon payment of another examination fee.

#### **ARMED STATUS:**

Applicants requesting armed status will have firearms training by a <u>Board Licensed Firearms Instructor</u>, and the training certificate and fee will need to be submitted with the application to the Board office.

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Application for Licensure as:

SOCIAL SECURITY NUMBER: FOREIGN ID NUMBER:   MALE    B. DATE OF BIRTH: PLACE OF BIRTH:   FEMALE    HEIGHT   WEIGHT   EYES   HAIR	icense Endorsement/Specia	alty: Armed		
SECURITY EMPLOYER NAME:  Street and PO Box # City/State Zip  HOME ADDRESS:  Street and PO Box # City/State Zip  Street and PO Box # City/State Zip  Telephone:  STELEPHONE:  Employer  Home  Fax  SOCIAL SECURITY NUMBER:  DATE OF BIRTH:  PLACE OF BIRTH:  HEIGHT  WEIGHT  WEIGHT  EYES  HAIR  LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if	. FULL NAME:LAST	FIRS	ST	MIDDLE
Street and PO Box # City/State Zip  HOME ADDRESS: Street and PO Box # City/State Zip  TELEPHONE: Employer Home Fax  SOCIAL SECURITY NUMBER: PLACE OF BIRTH: HEIGHT WEIGHT EYES HAIR  LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if	. OTHER NAMES KNOWN B	Y:		
Street and PO Box # City/State Zip  TELEPHONE:()()	. SECURITY EMPLOYER NA	ME:		
Street and PO Box # City/State Zip  Street and PO Box # City/State Zip  S. TELEPHONE:()	. EMPLOYER ADDRESS:	Street and PO Box #	City/State	Zip
S. TELEPHONE:() () () () Employer				Zip
B. DATE OF BIRTH: PLACE OF BIRTH: MALE HEIGHT WEIGHT EYES HAIR  D. LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if			( ) e Fax	
A. DATE OF BIRTH: PLACE OF BIRTH: FEMALE  HEIGHT WEIGHT EYES HAIR  D. LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if	7. SOCIAL SECURITY NUMBI	ER:	FOREIGN ID NUMBER	₹:
LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if	B. DATE OF BIRTH:	PLACE OF B	IRTH:	☐ MALE ☐ FEMALE
2. LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if necessary):	HEIGHT	WEIGHT	EYES	HAIR
		WHICH MEETS THE REQUIR	EMENTS FOR LICENSU	JRE (attach supplement if

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11. EMPLOYMENT HISTORY: Minimum of the last five (5) years must be shown and does not necessarily need to relate to employment to qualify for licensure. Enter most recent position first. If additional space is needed, attach a separate

sheet or resume. NAME & ADDRESS OF EMPLOYER YOUR POSITION DATE (FROM-TO) 12. Are you a high school graduate or equivalent? ☐ Yes☐ No Please answer the following questions. If you answer yes, attach a detailed explanation (names of organizations, dates, reasons and outcome) on a supplement sheet. 13. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? ☐ Yes ☐ No 14. Has your license (certificate) ever been forfeited or surrendered? ☐ Yes ☐ No 15. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? \( \subseteq \text{Yes} \subseteq \text{No} \) 16. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation? ☐ Yes ☐ No 17. Have you ever been expelled from or asked to resign from any professional organization or been censored by a professional organization of which you were a member? ☐ Yes ☐ No 18. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit charges or convictions prior to your 16<sup>th</sup> birthday. ☐ Yes ☐ No 19. Have you ever been charged with fraud, formally or informally, in any civil proceeding? ☐ Yes ☐ No 20. Have you any physical or mental condition that has in the past three years adversely affected ☐ Yes ☐ No your ability to practice this profession/occupation? 21. Have you, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation? ☐ Yes☐ No 22. Have you had any traffic violations in the past five years? If yes, list all violations on a separate sheet of paper. ☐ Yes ☐ No 23. Do you currently hold any type of license in Montana or another state? If yes, provide the following information: ☐ Yes☐ No State/Province/Territory License Number Date Issued Is License Current Type of License Yes ☐ No ☐ Yes☐ No Yes No Yes No

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24. List three references below, not related by blood or marriage. Two of the three being a former employer, ind or firm with whom you had a working contractual agreement or had knowledge of the agreement or working relationship.					
Name of Reference	Relationship	Phone Number			
	AFFIDAVIT				
		ng, record, character, license history and ion, to the Montana Board of Private Security Patrol			
my knowledge. In signing this applicatio to denial of my application or subsequer	n, I am aware that a false stat nt revocation of licensure on e Montana and instructions to a	ny application to be true and complete to the best of sement or evasive answer to any question may lead thical grounds. I have read and am familiar with the applicants for licensing. I accept the rules and on.			
I hereby declare that if a Montana licens Montana and the rules of the Board of F		conduct myself in accordance with the laws of and Investigators.			
Legal Signature of Applicant		Dated			
Subscribed and sworn to by me this	day of	, at			
City/State					
SEAL	Notary Public Si	gnature			
OL/NE	Notary Public Pr	inted Name			
	For the State of				
	My commission	expires			

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# STATE OF MONTANA – DEPARTMENT OF LABOR AND INDUSTRY BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

### **SCANNING FORM FOR PHOTO ID CARD**

Affix	Photo Here	

Signature required on above line.